

DEPARTMENT OF HEALTH SERVICES

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June 20, 2002

**JOINT LETTER FOR THE CALIFORNIA DEPARTMENT OF HEALTH
SERVICES AND CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Officers
All County CalWORKs Coordinators

Letter No.: 02-37

**IMPLEMENTATION OF CHILD AND MEDICAL SUPPORT ELIGIBILITY
PROVISIONS - CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) PROGRAM**

Ref.: Welfare & Institutions Code (W&I), Sections 11203, 14005.30 and 11477.02 (Statutes of 1997, Chapter 270 [Assembly Bill 1542]); W&I Code, Sections 14008.6-14008.7 (Statutes of 1997, Chapter 599) [AB 573]; Title 42, United States Code (USC) 1396u-1(6)(2)(C); Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (Public Law 104-193 (Title 21, USC 862a(d)(1)(A)), Manual of Policies and Procedures (MPP) Section 82-506.

The purpose of this letter is to provide counties with Medi-Cal Eligibility Data System (MEDS) implementation instructions for Child/Medical Support cases where an applicant or recipient refuses to cooperate with the District Attorney (DA) or local child support agency (lcsa) when applying for CalWORKs benefits.

Under the above-referenced federal and state law, applicants and recipients of CalWORKs and Medi-Cal must cooperate with the DA or lcsa in establishing paternity and establishing, modifying, or enforcing a child/medical support order for the child(ren) for whom the aid is requested. Under federal law, child support includes monetary support, and health insurance coverage.

(Note Exceptions: Pregnant women are exempt from medical support enforcement until 60 days postpartum and children cannot be denied or terminated from Medi-Cal due to Custodial Parent's refusal to cooperate (Title 22, California Code of Regulations, Section 50262.3).

SPECIFIC REQUIREMENTS ARE AS FOLLOWS:

When an applicant, custodial parent, or caretaker relative, as defined in W&I Code Section 11203, of a child for whom CalWORKs aid is sought refuses or fails to cooperate with the DA or lcsa in paternity establishment or child support enforcement, this individual remains a member of the Assistance Unit (AU) in accordance with W&I Code Section 11450.16. However, the AU cash grant is reduced by 25 percent in accordance with Section 11477.02 of the W&I Code. If he or she refuses to cooperate with the DA or lcsa in medical support enforcement, this individual is **ineligible for Medi-Cal benefits** pursuant to W&I Code, Section 14008.7 and Title 42, Code of Federal Regulations, Part 433.140. If otherwise eligible, the other members of the AU continue to receive Medi-Cal benefits. Two Notices of Action (NOAs) must be sent - one stating that the AU cash grant will be reduced for the AU, and one stating that the applicant, custodial parent, or caretaker relative will be ineligible for Medi-Cal. (A CalWORKs NOA and a Medi-Cal NOA are attached.)

MEDS PROCESS FOR USE OF CalWORKs MEDICAL SUPPORT RESTRICTION CODES:

When reporting eligibility to MEDS for CalWORKs clients, counties must use one of the following restriction codes to identify individuals subject to the CalWORKs 25% non-cooperation penalty who also do not cooperate with medical support enforcement.

970 or 971 Medi-Cal Ineligible due to non-cooperation in medical support enforcement. (The "1" indicates a County Confidential Case.)

If the MEDS record has a Surveillance and Utilization Review Section (S/URS) restriction for any month in which the county reports a non-cooperation restriction, the updated MEDS record will display one of the following restriction codes for that month:

980 or 981 Medi-Cal Ineligible due to non-cooperation in medical support enforcement - S/URS restriction overlaid.

Since the law requires that the applicant, custodial parent, or caretaker relative be ineligible for Medi-Cal for the period of non-cooperation, reporting of these codes will change the client's **Eligibility Status** to "691" or "692":

691 = Health and welfare program other than Medi-Cal/County Medical Services Program (CMSP) - Eligibility Reported Timely

692 = Health and welfare program other than Medi-Cal/CMSP Eligible – Eligibility Reported Retroactively

This change will allow counties to continue to report the client as an eligible member of the CalWORKs case while the Point of Service /Month of Payment Information health care eligibility message will say **"NO RECORDED ELIGIBILITY FOR (MONTH, YEAR)."**

(REMINDER: If the 25 percent penalty restriction is removed due to subsequent cooperation, Medi-Cal benefits will be restored, and counties should report "000" in the restriction code to remove the noncooperation restriction. For confidential cases, the counties should first enter "000" to remove the restriction, and then enter a "001" code.)

The Restriction Codes will be available for use on MEDS by July 1, 2002 and counties should begin using the codes by August 1, 2002.

If there are any questions on Medi-Cal, please contact Ms. Elena Lara, Medi-Cal Eligibility at (916) 657-0712. For questions on CalWORKs child support cooperation, contact Ms. Ruth Van Den Berg, CalWORKs Eligibility Bureau at (916) 654-1786.

Sincerely,

ORIGINAL SIGNED BY

RICHARD BRANTINGHAM
Acting Chief
Medi-Cal Eligibility Branch
California Department of Health Services

ORIGINAL SIGNED BY

CHARR LEE METSKER
Chief
Employment and Eligibility Branch
California Department of Social Services

Attachments

State of California
Department of Social Services

Noa Msg Doc No.: M82-510 Page 1 of 1
Action: Change
Issue: Support Process
Title: Failure to Cooperate

Auto ID No.:
Source :
Issued by :
Reg Cite : 82-510.1, .4, 44-315

Use Form No. : NA 200
Original Date : 01-01-98, New
Revision Date : 04-14-02

MESSAGE:

As of _____, the County is changing your
cash aid from \$_____ to \$_____.

Here's why:

_____ did not help us or the Local Child
Support Agency with the child/spousal support
process as asked.

We will subtract \$_____ from your cash aid
until you help us or the Local Child Support
Agency as asked.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use to change the cash aid amount when a parent or caretaker relative
has not cooperated in the child/spousal support process only. **Do not use for
assignment of support rights.** Fill in the effective date the county is changing the
cash aid, the old and new amount of cash aid.

This message replaces M43-107B dated 01-01-98 and M82-510 dated 06-01-98.

file: sbradleyU/MSERIES/82510

**MEDI-CAL
NOTICE OF ACTION
DENIAL OF MEDI-CAL BENEFITS
FOR NONCOOPERATION IN
MEDICAL SUPPORT ENFORCEMENT**

(COUNTY STAMP)

CASE NO.: _____

DISTRICT: _____

DENIAL: _____

(names)

You have been denied Medi-Cal benefits because you refused to cooperate in medical support enforcement.

You may reapply at any time, but you will not receive Medi-Cal benefits until the District Attorney's Office has confirmed that you have cooperated with their office. This action does not affect the Medi-Cal benefits of your child(ren). However, your child(ren)'s case will be referred for medical support enforcement without your cooperation. If you have any questions about this action, please contact your Eligibility Worker.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50167, 50175, and 50771.5.

(Eligibility Worker)

(Date)

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(Phone)

PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION